

**REQUEST FOR A  
DUE PROCESS HEARING  
under the Individuals with Disabilities Education Act (IDEA)-Part B**

**(Submit to the Superintendent of the school district or charter school and  
copy to Karl A. Wilson, State Director of Special Education, Utah State Office of  
Education, P.O. Box 144200, Salt Lake City, Utah 84114-4200.)**

Date: \_\_\_\_\_

School District: \_\_\_\_\_ School Student Attends: \_\_\_\_\_ Grade \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Student's Parent(s)/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Student's Address, (if different): \_\_\_\_\_

A due process hearing may be requested if the parent or LEA alleges there has been a violation of IDEA with respect to the identification, evaluation, educational placement, or the provision of a Free Appropriate Public Education (FAPE) to a student with disabilities.

Describe the problem relating to the proposal or refusal indicated above.

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How do you think this violated IDEA?

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Proposed resolution of the problem:

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Name of person filing request for hearing: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_